

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/025,270
	Filing Date	December 18, 2001
	First Named Inventor	Donald Syme
	Group Art Unit	2192
	Confirmation Number	5667
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Michael J. Yigdall
	Attorney Docket Number	180610.01

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (15 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 months; Total Fee \$450.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> CERTIFICATE OF MAILING OR TRANSMISSION <i>(Under 37 CFR § 1.8(a))</i> I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <div style="display: flex; justify-content: space-between;"> <div>August 6, 2007 Date</div> <div><u>Rimma N. Ols</u> Signature <u>Rimma N. Ols</u> Printed Name</div> </div> </div>	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT			
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